# CUSTOMER COMMENT

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| --- |
| Name: |
| Phone: |
| Email: |

For each item identified below, circle the number   
to the right that best fits your judgment of its quality.   
Use the rating scale to select the quality number.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Scale | | | | |
| Poor | Good | | | Ex. |
| 1. [Item Description] | 1 | 2 | 3 | 4 | 5 |
| 1. [Item Description] | 1 | 2 | 3 | 4 | 5 |
| 1. [Item Description] | 1 | 2 | 3 | 4 | 5 |
| 1. [Item Description] | 1 | 2 | 3 | 4 | 5 |
| 1. [Item Description] | 1 | 2 | 3 | 4 | 5 |
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Ex: Excellent

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Ex: Excellent

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